

BAPP PORTFOLIO REVIEW – COURSE EVALUATION FORM

CERTIFIED ADDICTION COUNSELOR (CAC)

NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY, STATE, ZIP:** _____

Course	Course Number, Title to fulfill requirements	Name of College or University	Date of Course	Number of Credit Hours	Grade	Comments	Board Approval Yes / No
Intro to Alcohol Use and Abuse							
Intro to Drug Use and Abuse							
Alcohol and Drug Group Counseling							
Ethics for the Alcohol & Drug Professional							
Foundations of Individual Counseling							
Alcohol and Drug Treatment Continuum							
Counseling Families with Alcohol or Other Drug Issues							
Diverse Populations							
Alcohol & Drug Specific Elective							

Please return this form along with transcripts, two (2) copies of each syllabus, and the \$25 portfolio review fee to:
BAPP, 3101 W. 41st Street, Suite 205, Sioux Falls, SD 57105

BAPP Reviewer: _____

Date: _____